MAIL TO: Offige of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

TELEPHONE: (916) 323-5079

WEBSITE ADDRESS:

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES VEHICLE DONATION PROGRAM

2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1.

An annual financial report must be filed for each event for



mtp.nag.ca.govichanitesi		or during the previous calendar year.	
Name and Address of Comm	ercial Fund-raiser:	Name and Address of Charitable Organiza	ition:
513		CT No. NP F.E.I.N. No.	
		Cystic Fibrosis 1	FORMADION
CAR PROGRAM LL 3755 OMEC CIRCLE		Name of Charity	O Cut
RANCHO CORDOV		2820 Willow Cla	K PD. Sute BUS
		Address of Charity	
		San Diego CN: 92 City, State, and ZIP Code of Charity	131
_ Car Donation		3/27 20 0Z, to	12/31 2002
(Type of Activi	ity)	(Date or dates must be shown)	•
1. REVENUE			
A. Car/Truck Sales		1,795,00 A	
B. Boat Sales		A.	
C. Real Estate Sales			
D. Other sources: (S)	necify)	<u> </u>	
a	pecity)	Da.	
		Db.	
<i>3</i>		Ds.	
d		Dd.	
u		Du.	
E. TOTAL REVENUE		-	1,795,00 E
2. EXPENSES		~ n = n +	
A. Fees or commission	ons	527,70 A.	
B. Salaries		В.	
C. Payroll taxes		C.	
D. Employee benefits	;	D.	
E. Towing		E.	
F. Vehicle repairs		F.	
G. Parts		G.	
H. DMV Fees		——— Н.	
 Appraisals 		<u> </u>	
J. Detailing		J.	
K. Advertising		K.	
L. Telephone		L.	
M. Other expenses: (Specify)		
a. admin	nistration	36,00 Ma.	
b		Mb.	
C		Mc.	
d		Md.	613 30
N. TOTAL EXPENSES			563,70 N.

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

3. Distribution or net to charitable organization or charitable purposes

Total Amount charity realized from operation of vehicle donation program

Less additional expenses relating to operation of vehicle donation program paid by charity

2002 ANNUAL FINANCIAL REPORT (California Government Code Section 12599)

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indirectly, the charitable organiz Fund-raiser has contracted to solic		any way affiliated with or control, directly o	
Name of officer, director, partner or owner of commercial fund-raiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization	
(b) For each affiliation identified in	6(a), attach copy of the contract between the c	ommercial fund-raiser and the charity.	
Under penalties of perjury, I declare that I and to the best of my knowledge and belie	have examined this report, including accompa- f, it is true, correct and complete.	nying documents, schedules and statements	
	Taran Reeves	Membo Manger 2/6/63	
Signature of authorized officer (Com mercial Fund-raise		Title Date	
This report must be signed by two officers of the	e charitable organization for verifying the distribution	n.	
<u>_</u>	Michelo Maso Ex Printed Name	Title Date	
Sig (Charity)			
		LEWITT Caredinator 2-12-03	
Sig ir (Charity)	Printed Name	Title Date	
ct-2VCF (11/2002)			

RECEIVED
FEB 1. 8 2003
Attorney General's Trust